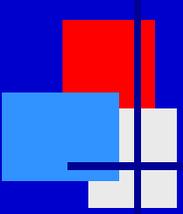


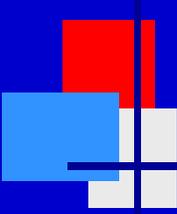
Harm Reduction in Prisons and Jails: International Experience

Glenn Betteridge, Senior Policy Analyst
Canadian HIV/AIDS Legal Network
amfAR Update Conference
11 April 2005



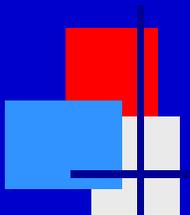
Acknowledgments

- amfAR
- Ralf Jurgens, Hari Subramaniam (Legal Network)
- Heino Stover
- Rick Lines (IPRT)



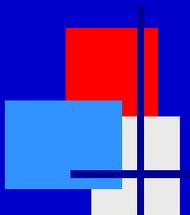
Overview

- Scope & Assumptions
- Harms & Harm Reduction
- Condoms, Dental Dams & Lubricant
- Bleach
- Needle Exchange
- Substitution Therapy
- Safer Tattooing
- Obstacles to human rights & harm reduction (HR²)



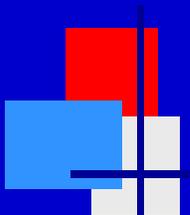
Scope & Assumptions

- Scope
 - Focus on developed and countries in transition
 - Survey, summary, overview... with examples
 - Adult facilities
 - Canadian & NEP bias
 - Jurisdictional confusion & limitations in information
 - Prisoner health perspective, not occupational health and safety
 - Not mutually exclusive, in fact many harm reduction measures have positive impact on OHS



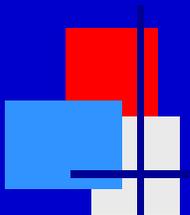
Scope & Assumptions (2)

- Assumptions
 - Wherever HIV and/or HCV present a public health challenge in a community, the challenge is magnified in prisons.
 - Illicit drug use and sex are part of prison life -- for men, women, youth and trans.
 - In regions where high rates of injection drug use drive the epidemics, HIV and HCV prevalence rates in prisons are many times higher than rates in the community.
 - Rates higher among women than men.



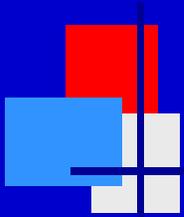
Scope & Assumptions (3)

- Assumptions
 - Harm reduction in the prison context is about HIV and HCV prevention generally, not just about preventing HIV and HCV infection related to drug use.
 - Prison(er) health is public health.
 - Prisoners from community, ~all return to it.
 - Harm reduction for prisoners benefits individual and public health
 - Imprisonment is an opportunity that should not be missed



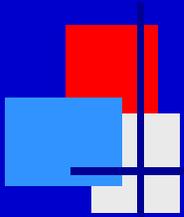
Harm Reduction

- Harm reduction is a **pragmatic and humanistic** approach to diminishing the individual and social harms associated with drug use, especially the risk of HIV infection.
- It seeks to **lessen the problems** associated with drug use through methodologies that **safeguard the dignity, humanity and human rights** of people who use drugs.



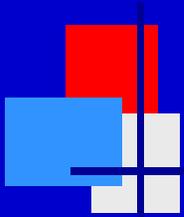
Harm Reduction (2)

- Based on pragmatic acknowledgement there are **no known effective interventions for eliminating drug use** or drug-related problems in any community, city, or country.
- In most cultures, adopting a harm reduction approach requires a **shift in thinking** away from deeply rooted, and understandable, long-term idealistic goals of eliminating drug use and getting all drug users to become drug free.



Harm Reduction (3)

- Does not deny the value of helping people become **drug free**, or the desirability of abstinence as an **eventual goal**. For many drug users these are distant goals. Services to **reduce the risk in the interim** are therefore essential if **personal and public health disasters are to be avoided**.
- Measure success in terms of **individual and community quality of life and health** and not in relation to levels of drug use.



Harm Reduction (4)

- Harm reduction entails a **prioritization of goals.**
- Given the high individual and social costs associated with AIDS, **measures to prevent the spread of HIV are at the forefront of harm reduction priorities.**

What is Harm Reduction, Open Society Institute (1 January 2001)

Harm reduction & Prison health services for Drug users

Parviz Afshar MD.

Director general of
Health services
Iranian prison Organization

• 1

*International AIDS Conference,
Bangkok, 2004*



In the name of God

*International AIDS Conference,
Bangkok, 2004*

What must we do ?

How must we do ?

Where should we do?

What ?

- Break the **silence**.
- Change the **attitude** of policy makers.
- **Stigma Reduction** .

How ?

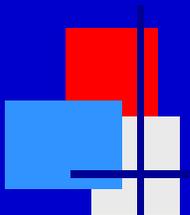
- Promote the **collaboration**.
- Appropriate **advocacy**.
- Providing **IEC** , **care** ,and **HR** facilities .

Where ?

- Inside and outside of the prisons

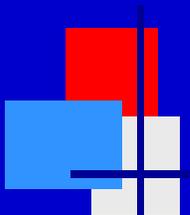
Discussion :

- The Iran prison experience shows the importance of collaboration and coordination of health programs between inside and outside of the prisons.
- Peer education approach is very essential.
- Continuation of the programs are needed .



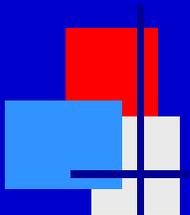
Harms

- HIV transmission
 - Unprotected sex (including rape)
 - Unclean needle sharing (injecting, tattooing, piercing)
 - Rituals
 - Violence (leading to exposure to blood)



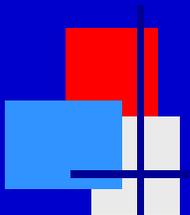
Harms (2)

- HCV transmission
 - Unclean needle sharing (injecting, tattooing, piercing)
 - Rituals
 - Sharing razors
 - Violence or sex (leading to exposure to blood)
- Other blood borne and sexually transmitted infections (viral and bacterial)



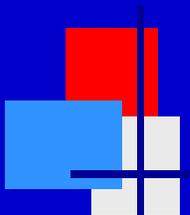
Condoms, Dental Dams & Lube

- Rationale
 - Unprotected sexual intercourse is a high-risk activity for transmission of HIV
 - Prisoners have sex, both oral and intercourse ... despite the fact that it is prohibited in prison
 - Properly used, condoms are effective at preventing HIV and other STIs
 - Water-based lubricant makes condoms more effective
 - Dental-dams are essential to women's protection from HIV and other STIs



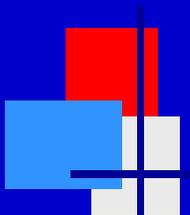
Condoms, Dental Dams & Lube (2)

- North America
 - USA (2002) less than 1 % of prisons & jails allow condoms
 - Jails in LA County, New York City, Philadelphia, San Francisco, Washington
 - Prison systems in Vermont, Mississippi, CA (?)
 - Canada (2002)
 - Federal and 10 of 13 prov systems provide condoms
 - 9 of 14 dental dams
 - 7 of 14 lube



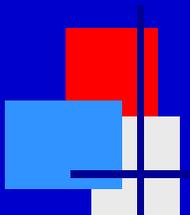
Condoms, Dental Dams & Lube (3)

- Mexico
 - Conjugal visits
- Iran
 - Conjugal visits
- Africa
 - South Africa available since 1996, but problems
 - Swaziland banned in 2003
 - Botswana, Nigeria not available



Condoms, Dental Dams & Lube (4)

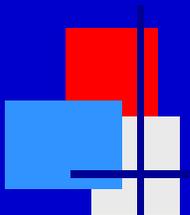
- Asia
 - Thailand (2003) “practically unavailable”
- Central & South America
 - Peru (2003) limited availability
 - Brazil (2004) yes!
- New Zealand & Australia
 - NZ (2004) on request at pilot sites
 - Australia (2005) available in NSW



Condoms, Dental Dams & Lube (5)

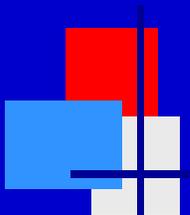
- Western Europe (1998)
 - 9 of 15 countries had official policies allowing free access to condoms, practice varies widely
 - Scotland, Italy, Ireland prohibit condoms
 - England, Wales available by prescription where risk of STI transmission
- CEE, fSU (2004)
 - Estonia, Latvia, Lithuania (for visits), Romania (?)

NB: May be more widely available for conjugal visits.



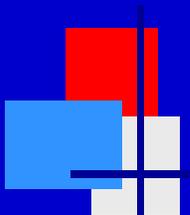
Condoms, Dental Dams & Lube (6)

- Distribution Methods
 - Health services
 - Psychologist
 - NGOs
 - Peers
 - Canteen
 - Visiting areas
 - Dispensing machines



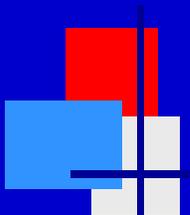
Condoms, Dental Dams & Lube (7)

- Evaluation
 - Very few published evaluations
 - "Overall, there were no indicators of negative consequences as a result of the condom distribution program. Inmate and staff concerns could be addressed through AIDS and Sexually Transmitted Infections prevention awareness programs and close monitoring of any changes in the reported rate of sexual assaults." (K Dolan et al. Evaluation of the Condom Distribution Program in New South Wales Prisons, Australia. *Journal of Law, Medicine & Ethics*, 2004:32)



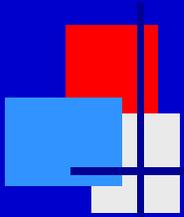
Condoms, Dental Dams & Lube (8)

- Obstacles to Introduction
 - Cultural, religious (homophobic) attitudes
 - Illegality of homosexual sex, sex in prisons
 - Concern about increased sexual assault
 - Security concerns
 - Staff workload
 - Resources to purchase condoms



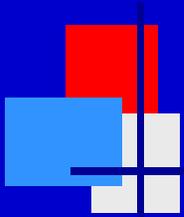
Condoms, Dental Dams & Lube (9)

- Short - Comings of Existing Programs
 - Institutional discretion over who, how, when, where of distribution exercised conservatively
 - Lack of privacy, confidentiality for prisoners
 - Not enough condoms, poor quality
 - Lack of lube
 - Dental dams not available, even in vast majority of systems where condoms are



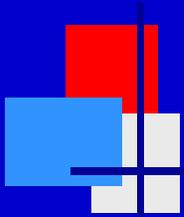
Bleach & Other Disinfectants

- Rationale
 - Prisoners use needles for injecting, tattooing, piercing, and other “sharps” for rituals
 - These tools can transmit HIV and HCV
 - Liquid bleach, together with instructions on correct use, can be used to sterilize needles and syringes
 - Efficacy to eliminate HIV has been well established
 - Not fully effective in reducing hepatitis C infection



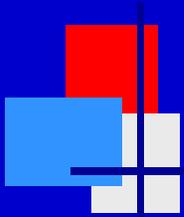
Bleach & Other Disinfectants (2)

- Canada (2002)
 - Federal system; 4 of 13 prov prison systems
- Western Europe (2002)
 - Austria, Belgium, Denmark, Finland, France, Germany (?), Netherlands, Portugal, Spain
- CEE & fSU (2002)
 - Estonia, Lithuania, Latvia (?),



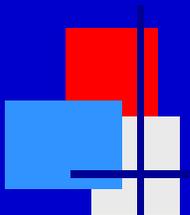
Bleach & Other Disinfectants (3)

- Evaluation & Issues
 - Often available as “household” cleanser, without educational materials
 - Access has been uneven
 - Sometimes diluted from full-strength
 - Distribution of bleach has not compromised security within penal institutions
 - None of the systems that adopted a policy of making bleach available in penal institutions has ever reversed the policy



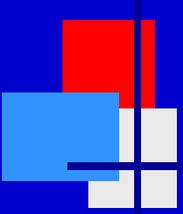
Bleach & Other Disinfectants (4)

- Evaluation & Issues
 - Bleach does not kill HCV
 - Half or more of IDU do not know or do not practice proper syringe disinfection
 - Proper disinfection takes time, which prisoners may not have
 - A substantial proportion of IDU prisoners do not avail themselves of bleach even when it is made available (Australia)
 - **Not gold standard** for infectious disease prevention among needle and sharps users

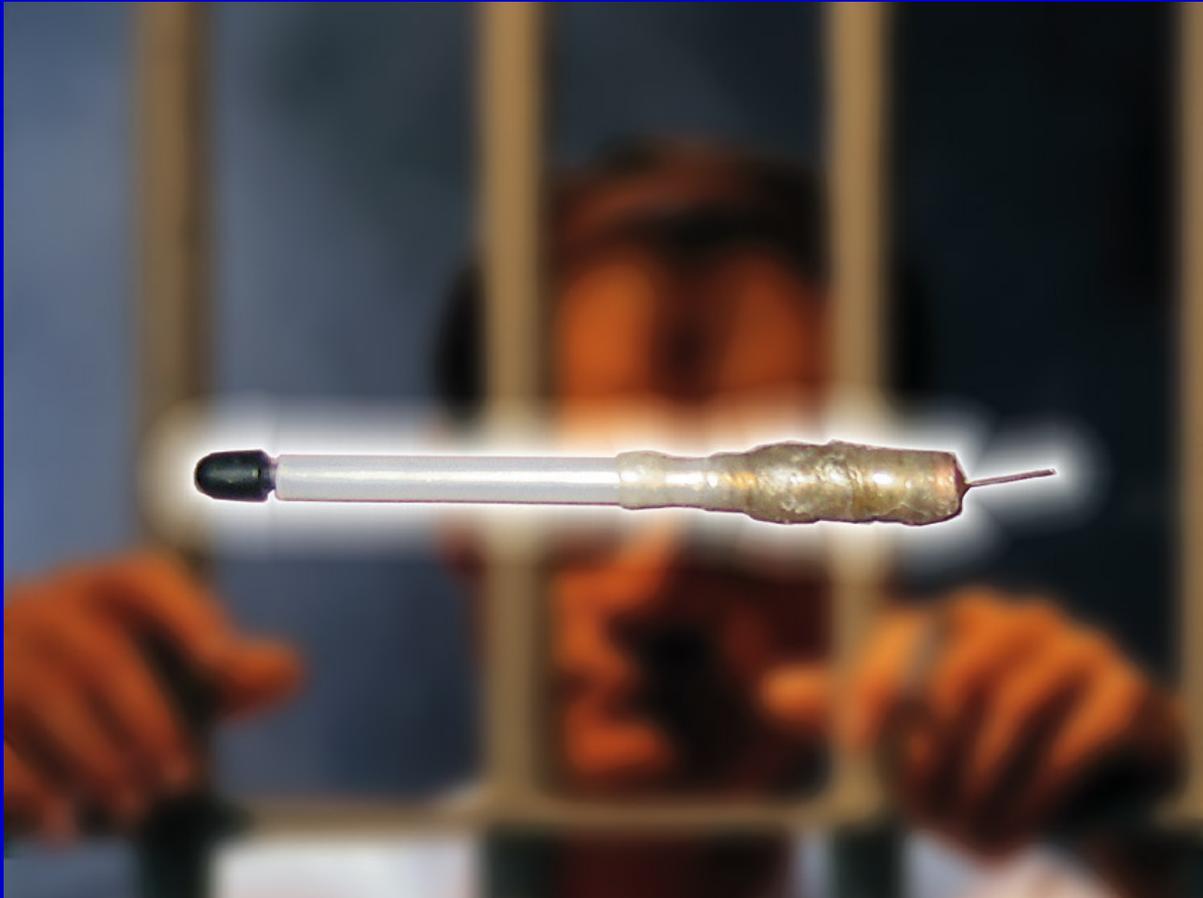


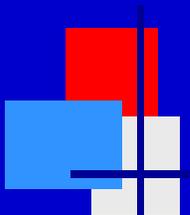
Needle Exchange

- Rationale
 - Sharing needles to inject a high risk activity for HIV/HCV transmission
 - Injecting drops substantially in prison
 - But per injection risks increase significantly
 - Drugs get into prisons
 - Needles much harder to get in → scarce
 - Prisoners share contaminated needles to inject drugs, or use home-made injection equipment
 - Prison independent risk factor for HCV



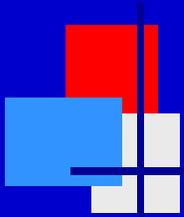
Needle Exchange (2)





Needle Exchange (3)

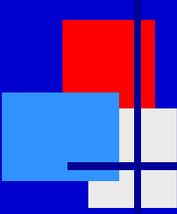
- Rationale
 - In practice, cleaning needles with bleach (disinfectant) not effective at preventing HIV/HCV transmission
 - Substitution therapy has inherent & practical limits
 - PNEP is cost effective



Needle Exchange (4)

- Existing PNEP Programs
 - Moldova, Switzerland, Germany, Spain, Kyrgyzstan, Belarus
 - 50+ prisons
 - Range of sizes, all security levels, men's and women's

(R Lines et al. *Prison Needle Exchange: Lessons from a Comprehensive Review*. Montreal: Canadian HIV/AIDS Legal Network, 2004)



Needle Exchange (5)

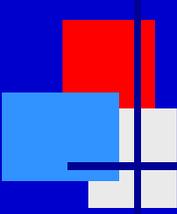
Sterile needle in plastic case - Hindelbank Prison, Switzerland



Needle Exchange (6)

Harm-reduction kit - Lichtenberg Prison, Berlin

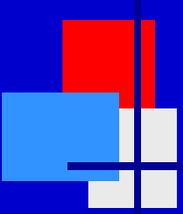




Needle Exchange (7)

Harm-reduction kit - Soto de Real Prison, Madrid



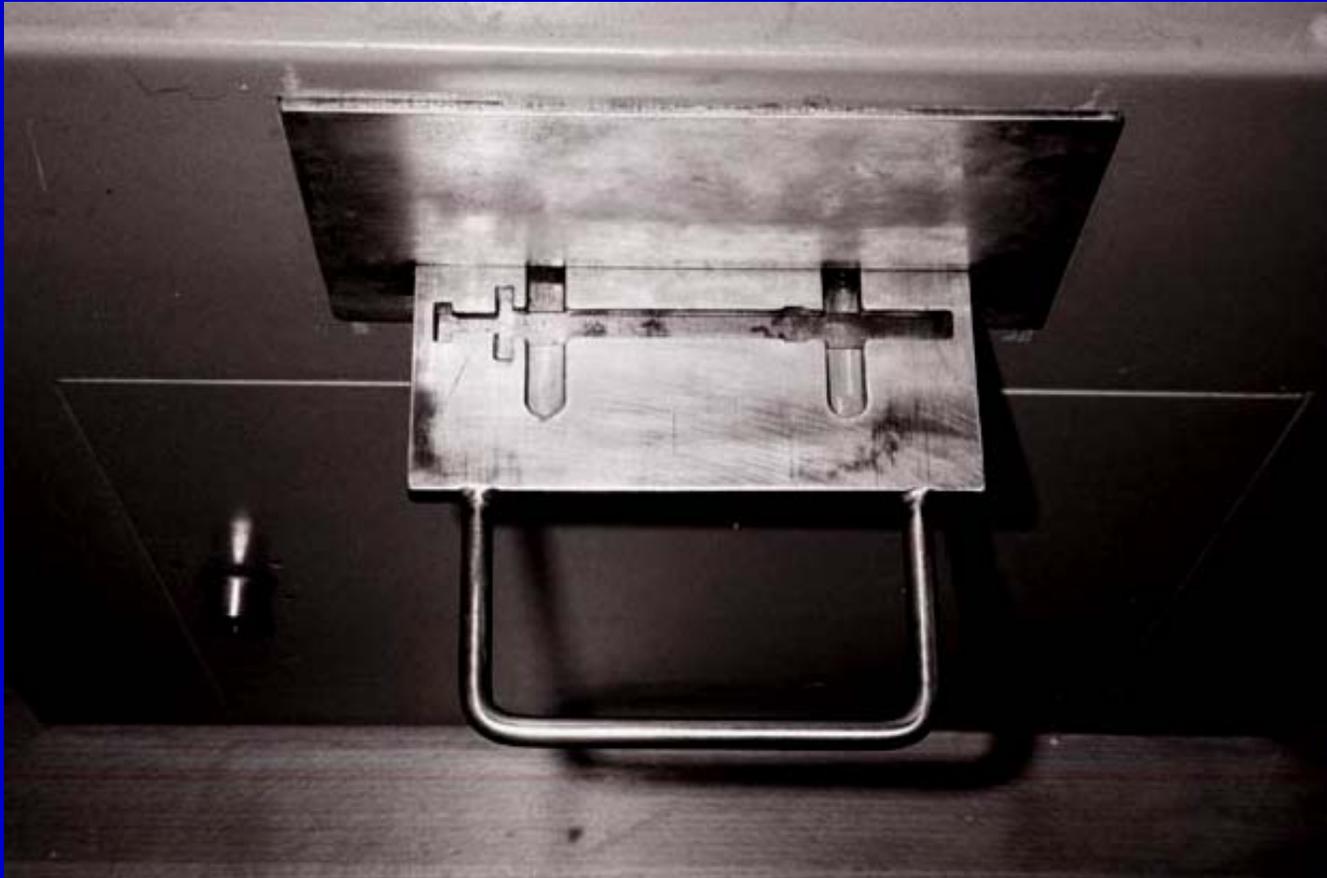


Needle Exchange (8)

Automatic syringe dispensing unit
- Saxerriet Prison, Switzerland



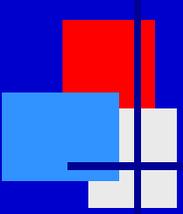
Needle Exchange (9)



Needle Exchange (10)

Syringe dispensing machine
- Lichtenberg Prison, Berlin

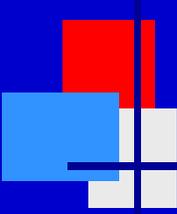




Needle Exchange (11)

Saxerriet Prison, Switzerland

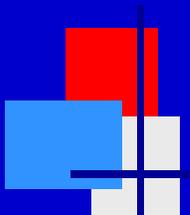




Needle Exchange (12)

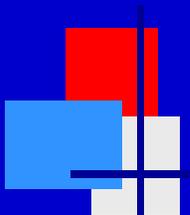
Prison Colony 18,
Branesti, Moldova





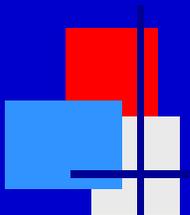
Needle Exchange (13)

- Evaluation
 - PNEPs increase institutional safety
 - No increase in drug consumption or injecting
 - Part of a continuum of drug-related programming
 - Positive prisoner & public health outcomes
 - Effective in a wide range of prisons
 - Different methods of needle distribution have been effective



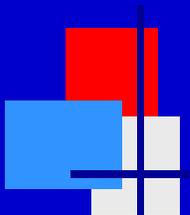
Needle Exchange (14)

- Evaluation
 - Common Factors in Effective PNEPs
 1. Leadership of prison administration and support of prison staff, which speaks to the need for education and training
 2. Need for confidentiality and trust, so that prisoners use the program
 3. Easy access to needles, so the program meets its objective



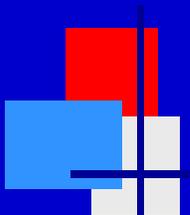
Needle Exchange (15)

- Evaluation
 - Common Factors in Effective PNEPs
 4. Needle exchange as part of a broader health strategy that includes harm reduction measure
 5. Importance of evidence-based decision-making (start with pilot projects, evaluate, implement based on lessons-learned)



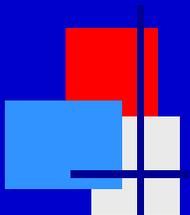
Needle Exchange (16)

- Planned PNEP Programs
 - Ukraine (colony 53 in Olshansk, colony 48 in Lviv)
 - Poland
 - Tajikistan
 - Iran (Iranian Kurdistan)



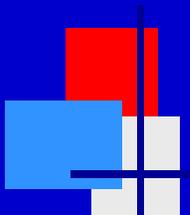
Substitution Therapy

- Rationale
 - Substance addictions are recognized medical conditions (DSM IV)
 - Incarceration not a cure for most people with an addiction
 - Continue to inject drugs in prison, or start injecting
 - Risk HIV/HCV infection from unclean injection equipment, as well as other negative health consequences



Substitution Therapy (2)

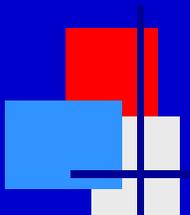
- Methadone
 - Indicated for **opiate addiction** (eg: heroin)
 - Most common substitution therapy both in the community and in prison
 - Long-acting synthetic opiate agonist
 - Once-daily oral administration
 - Low cost of drug itself
 - Blocks opiate withdrawal symptoms and euphoria produced by short acting opioids



Substitution Therapy (3)

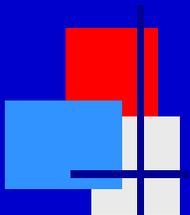
- Methadone
- Reduces
 - Illicit opiate use
 - Overdose deaths
 - Frequency of injecting
 - Needle sharing
 - HIV/HCV/HBV transmission
 - Criminal activity, recidivism

(T Kerr, R Jürgens. *Methadone Maintenance Therapy in Prisons: Reviewing the Evidence*. Montreal: Canadian HIV/AIDS Legal Network, 2004.)



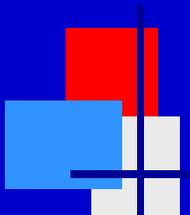
Substitution Therapy (4)

- Methadone
 - Withdrawal / Detoxification / Short-Term
 - Canada (some provs)
 - England, Wales, Scotland, Germany, Portugal, Ireland, Belgium, Italy, Netherlands, France. Slovakia



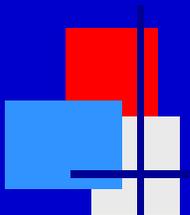
Substitution Therapy (5)

- Methadone
 - Maintenance (MMT)
 - Australia
 - Canada (federal & some prov)
 - New York State (Riker's Island)
 - Austria, Denmark, Luxembourg, Netherlands, Portugal, Spain, Finland, Scotland
 - France (?)
 - Poland (pilot prog), Slovenia
 - Iran (2 pilot sites – Fars, Tehran)



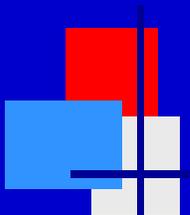
Substitution Therapy (6)

- Methadone (MMT) Issues
 - Misperceptions about methadone ... replacing one addiction with another, get “high”
 - Moderate high dose for entire period of imprisonment is key to MMT success
 - Attracting prisoners, and effectiveness, depends upon attitude of staff
 - Dissociation from “drug scene” difficult
 - Requires specialized medical knowledge, training



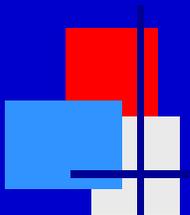
Substitution Therapy (7)

- Methadone (MMT) Issues
 - Time and labour intensive → costly
 - Initiation in prison still exceptional
 - Diversion
 - Importance of psychosocial support
 - Great variations in programs within jurisdictions
 - Importance of release planning for continuation in community



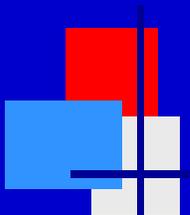
Substitution Therapy (8)

- Methadone (MMT) Solutions
 - Prescription policy, guidelines
 - Training
 - Teamwork (physician, nurse, psychosocial support)
 - Psychosocial support
 - Community – corrections cooperation



Substitution Therapy (9)

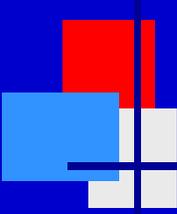
- Buprenorphine
 - Sub-lingual pill (Subutex) or tablet
 - Used in detox or maintenance in Finland, France, Czech, Germany, Italy
- Numerous medications used in detox
 - Including methadone, buprenorphine, anti-anxiety meds



Safer Tattooing

- Rationale

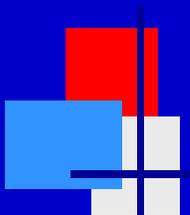
- Tattooing part of prison culture
- More common in prisons and among prisoners than general population
- Tattooing prohibited and tattooing equipment contraband in prison
- Use of make-shift equipment involves high risk of transmission of blood borne diseases



Safer Tattooing (2)

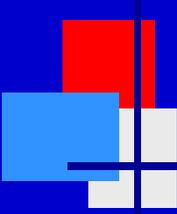
- Rationale

- Theoretical risk and anecdotal evidence of HIV transmission, but hard to establish conclusive evidence of causation
- Getting a tattoo in prison an independent risk factor for HCV (M Hellard et al. The prevalence and the risk behaviours associated with the transmission of hepatitis C virus in Australian correctional facilities. *Epidemiology and Infection* 2004; 132: 409-415.)



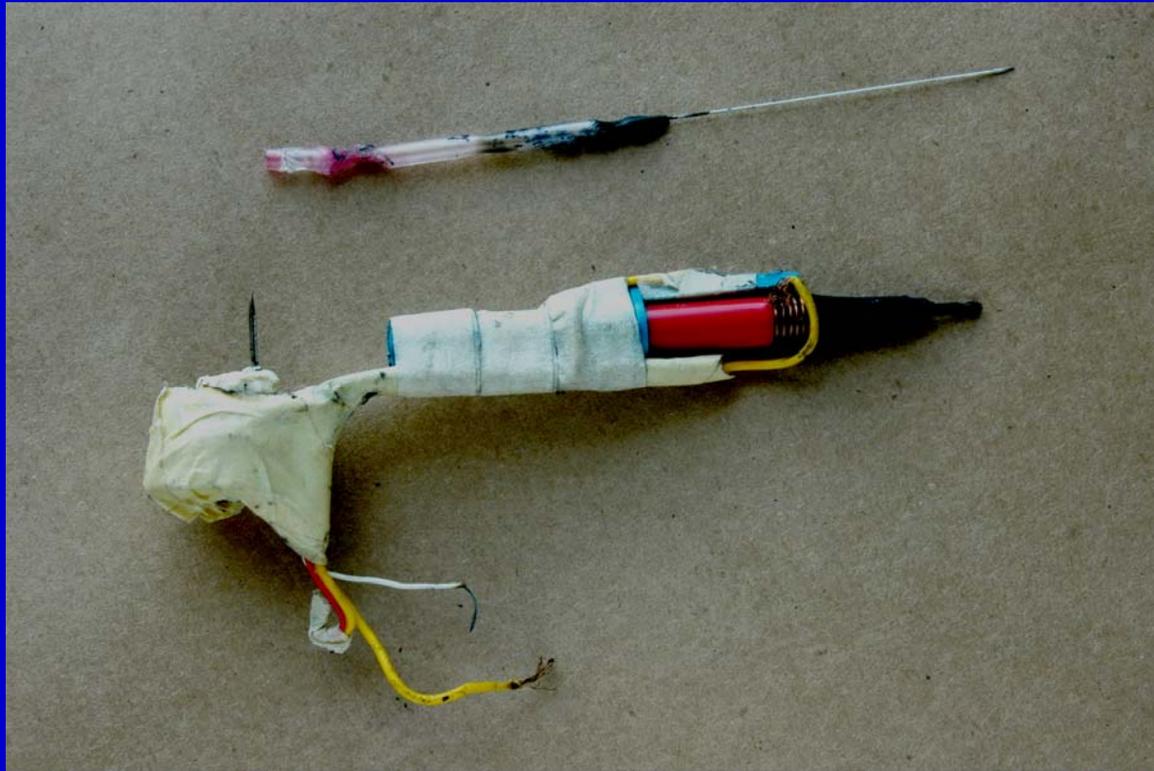
Safer Tattooing (3)

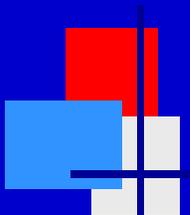
- CSC Safer Tattooing Practices Initiative
 - First program in the world
 - CSC (Correctional Service Canada)
 - Federal government
 - Prisoners serving 2 years+
 - In-count ~13,000 prisoners (~7500 admissions annually)



Safer Tattooing (4)

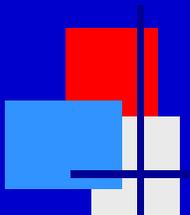
Home made tattoo "guns" – Collins Bay Institution, Ontario





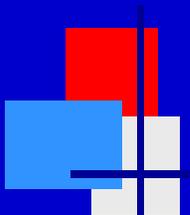
Safer Tattooing (5)

- CSC Safer Tattooing Practices Initiative
 - Known HCV prevalence rate 24.6% (gen pop 0.8%)
 - Known HIV prevalence rate 1.9% (gen pop 0.2%)
 - 45% of prisoners had received tattoo in prison (CSC Inmate Survey, 1995)
 - CSC has “care and control” of prisoners, and statutory obligation to provide essential health care → potential legal liability



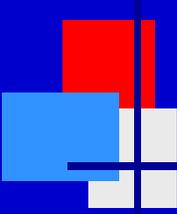
Safer Tattooing (6)

- CSC Safer Tattooing Practices Initiative
 - Pilot program → began implementation January 2005 (to 31 March 2006)
 - 6 pilot sites (5 men's, 1 women's institution)
 - \$100k per site
 - Public Health Agency of Canada pays
 - Evaluation



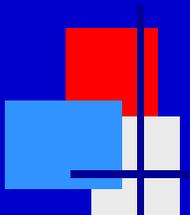
Safer Tattooing (7)

- CSC Safer Tattooing Practices Initiative
 - Guidelines (128 pages)
 - *Tattoo in Context*
 - *Operational Guidelines and Availability of Tattoo Services*
 - *The Client*
 - *The Tattooist*
 - *Tattoo Shop Set Up and Tear Down*



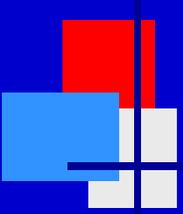
Safer Tattooing (8)

- CSC Safer Tattooing Practices Initiative
 - Model is based on education + safer tattooing practices
 - CSC provides all equipment (capital and on-going)
 - Prisoner tattoo artists selected by CSC and trained
 - Peer HIV/AIDS education program (PEC)
 - Infection prevention and control practices
 - Tattooing
 - Prisoners pay \$5 per session



Safer Tattooing (9)

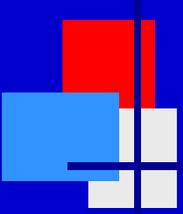
- CSC Safer Tattooing Practices Initiative
 - CSC supervises the “shop”, with prisoner support
 - CSC approves tattoo designs
 - Forms, forms, forms
 - Very little public attention (opposition) to date



Safer Tattooing (10)

Standard electric tattoo gun

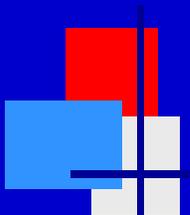




Safer Tattooing (11)

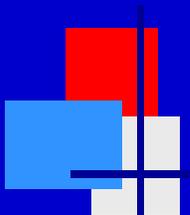
Pneumatic tattoo gun used in CSC pilot program





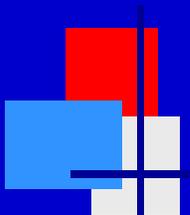
Safer Tattooing (12)

- CSC Safer Tattooing Practices Initiative
 - Community criticisms
 - Top-down model
 - Lack of prisoner consultation and minimal decision-making role for prisoners
 - Unnecessarily rule-bound
 - Lack of staff consultation in development and implementation
 - May lead to poor uptake, and suboptimal outcomes



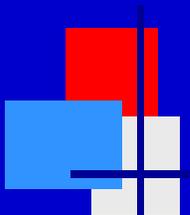
HR² for Prisoners

- **HR² = Human Rights + Harm Reduction**
- Inextricable connection between **Health & Human Rights**
 - Human rights violations have negative effects on health
 - Promoting and protecting health requires explicit and concrete efforts to promote human rights and dignity
 - Worldwide prison conditions are abysmal (HIV/HCV, TB, overcrowding, violence, rape...)



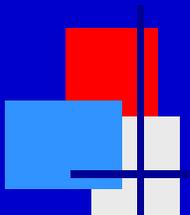
HR² for Prisoners (2)

- Prison-Specific Human Rights Instruments
 - Basic Principles for the Treatment of Prisoners (UN)
 - Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (UN)
 - Standard Minimum Rules for the Treatment of Prisoners (UN)
 - Recommendation No R (98)7 of the Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Health Care in Prison (Council of Europe)



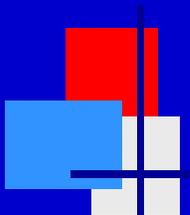
HR² for Prisoners (3)

- Limited exceptionalism
 - Except for those limitations that are demonstrably necessitated by the fact of incarceration, all prisoners shall retain the human rights and fundamental freedoms set out in the Universal Declaration of Human Rights, and, where the State concerned is a party, the ICESCR, and the ICCPR and the Optional Protocol thereto, as well as such other rights as are set out in other United Nations covenants.
 - UN Basic Principles for the Treatment of Prisoners, art 5.



HR² for Prisoners (4)

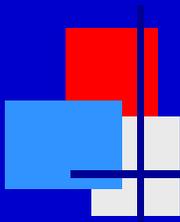
- So prisoners are entitled to enjoy the highest attainable standard of health, as guaranteed under international law.
 - Includes preventative health measures available in the community ... **Harm Reduction**
 - WHO Guidelines on HIV Infection and AIDS in Prisons (1993)



HR² for Prisoners (5)

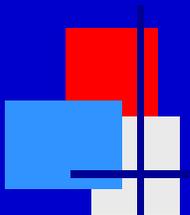
“Prison authorities should take all necessary measures, including adequate staffing, effective surveillance and appropriate disciplinary measures, to protect prisoners from rape, sexual violence and coercion. Prison authorities should also provide prisoners (and prison staff, as appropriate), with access to HIV-related prevention information, education, voluntary testing and counselling, means of prevention (condoms, bleach and clean injection equipment)”

- International Guidelines on HIV/AIDS and Human Rights, para 29(e)



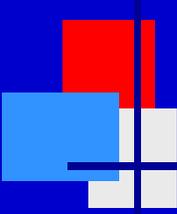
Obstacles to HR² for Prisoners

- Prohibitionist laws, policy & ideology (*vis-a-vis* drugs, sex)
- Security concerns trump evidence
- Perception that harm reduction programs represent a failure, condoning of illegal behaviour
- Homophobia and stigmatisation of same-sex sex
- Militarism and lack of respect for the rule of law
- Prison as punishment mentality
- “Captured” health care
- Lack of public support, political leadership and necessary resources



HR² for Prisoners is possible

- Harm reduction ...
 - Pragmatic and evidence-based
 - Humanistic approach
 - Focuses on dignity, humanity, human rights
 - Requires a shift in thinking
 - Avoids personal and public health disasters
 - Consistent with correctional systems' mandate to protect public safety



Thank you

- Canadian HIV/AIDS Legal Network website section on HIV/AIDS in prisons

www.aidslaw.ca/Maincontent/issues/prisons.htm

- Glenn Betteridge

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